. NOV 0 2 2005

Unrier the Paperwork Reduction Act of 1896

Approved for use through 07/31/2006. CMB 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE count to a collection of information unless it displays a valid CMR control number

Errective on 12/08/2003
Fees pursuant to the Consolidated Appropriations About Complete if Known **Application Number** 09/937.357 RANSN Filing Date 09/24/2001 For FY 2005 Nicholas F. D'Antonio First Named Inventor Examiner Name Ann Y. XX Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1641 TOTAL AMOUNT OF PAYMENT (\$) 150.00---DA7119US (#90036) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., · For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (S) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 160 100 300 150 80 300 600 Reissue 150 500 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims <u>\$</u> 83 -2000€HP= Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims 23 Extra Claims Fee Paid (\$) - XXXIP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets - 100 = (round up to a whole number) x 150 =A OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. Telephone 216-771-3800 Signature 24-603 (Attorney/Agent) Peter Hochberg Date 10 Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.